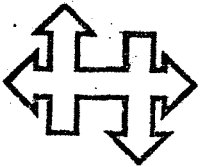


ROBERT A. VOGEL, M.D.
HEALTH COMMISSIONER



DIVISION OF ENVIRONMENTAL HEALTH
DAVID B. PEDEN, M.P.H., DIRECTOR
513 - 225-4362

MONTGOMERY COUNTY
COMBINED GENERAL HEALTH DISTRICT

COUNTY GOVERNMENT PLAZA
451 WEST THIRD STREET
DAYTON, OHIO 45402

November 5, 1975

File

BOARD OF HEALTH

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MRS. H. H. WILLIAMS

Alcine S. Grillot
2708 Kreitzer Road
Moraine, Ohio 45439

Re: South Dayton Landfill
1975 Springboro Road

Dear Mr. Grillot:

On December 31, 1975 your state license to operate a solid waste disposal site expires. If you desire to operate a solid waste disposal site in 1976, the enclosed application should be filled out and returned to this office together with the license fee of Five Hundred Dollars (\$500) by December 15, 1975. Be sure to read very carefully the conditions of operation typed on the back of the application. If you have questions concerning any of these conditions please call 225-4446.

Sincerely,

John H. Bindeman, Supervisor
Bureau of General Services

JHB/njr

Enclosure

STAT. OF OHIO ENVIRONMENTAL PROTECTION AGENCY

Montgomery County District Board of Health

Application for License to Operate Solid Waste Disposal Site or Facility

Name of Applicant _____

Mailing Address _____

Name of Site or Facility South Dayton Landfill

Location of Site or Facility 1975 Springboro Road

Type of Disposal - Landfill ()	Incinerator ()	Resource Recovery ()
Design Capacity - _____	_____	_____
acres	tons/day	tons/day

Types of Wastes and quantities to be accepted: Circle: tons cu.yd. per day per week

Household _____	Commercial _____	Industrial _____
Agricultural _____	Demolition _____	Liquids _____
Sludges _____	Toxic or Hazardous Wastes _____	Other _____

Geographic Area to be Served _____

Is this Site or Facility currently licensed? Yes () No ()

Have plans been approved for this Site or Facility? Yes () No ()

Is salvaging or resource recovery to be done at this site? Yes () No ()

Is this Site or Facility currently involved in Litigation? Yes () No ()

The applicant agrees to operate the solid waste disposal ~~site~~ facility in compliance with Ohio Solid Waste Laws and Regulations and the conditions of operation typed on the back of this form.

HEALTH DEPARTMENT USE ONLY

Approved _____
(Date)

Denied _____
(Date)

Action by _____
(Health Commissioner)

Issued _____
(Date - License Number)

(Signature of Applicant or his Agent)

(Title)

Fee \$ _____ - included with application

(Date)